

## Chapter H 21

**LICENSING OF EMERGENCY MEDICAL  
TECHNICIANS-ADVANCED (PARAMEDICS)**

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**AUTHORITY**

**H 21.01 Title, authority.** The rules herein contained constitute and shall be known as the "Rules of the Health and Social Services Department relating to the Licensing and Regulation of Emergency Medical Technicians-Advanced (Paramedics)" and are promulgated pursuant to the authority granted to the department by s. 146.35 (8) of the Wis. Stats.

History: Cr. Register, August, 1976, No. 248, eff. 9-1-76.

**DEFINITIONS**

**H 21.02 Definitions.** For the purpose of the rules and unless expressly stated otherwise:

(1) **EXAMINING COUNCIL.** The emergency medical services examining council created by chapter 39, laws of 1975.

(2) **CERTIFIED TRAINING CENTER.** The center with a coordinating physician who is designated in a plan submitted by a county, municipality or hospital or combination thereof, and approved by the department for the conduct of training and utilization of emergency medical technicians-advanced (paramedics).

(3) **TRAINING DIRECTOR.** A physician who has been designated by the certified training center to coordinate, direct, and conduct the training of emergency medical technicians-advanced (paramedics) in that institution.

(4) **COORDINATING PHYSICIAN.** The licensed physician who will coordinate, direct and inspect continually and establish standard operating procedures, and oversee the conduct of emergency medical technicians-advanced (paramedics) in the county or municipality incorporated within the approved plan.

(5) **APPROVED TRAINING COURSE.** A course of instruction with a minimum of 750 hours for the training of emergency medical technicians-advanced (paramedics) including didactic, clinical, practical, and supervised field experience. The approved training course must provide the training in accordance with those skills documented in s. 146.35, Stats. Approval of the training course by the department is required prior to the start of training.

(6) **DEPARTMENT.** The department of health and social services.

(7) **MEDICAL INFORMATION CENTER.** A hospital(s) designated in an emergency medical services plan as the hospital(s) with a licensed physi-

cian on call 24 hours a day, 7 days a week to furnish medical information and direction by 2-way radio to emergency medical technicians-advanced (paramedics).

History: Cr. Register, August, 1976, No. 248, eff. 9-1-76.

### TRAINING PERMITS, LICENSURE, RENEWAL OF LICENSE

**H 21.03 Training permits, licensure, renewal of license.** (1) **TRAINING PERMITS.** Training permits will be issued by the department to individuals upon verification by the training director that the applicant is enrolled in an approved training course. A training permit will be valid for 1 year and may be renewed twice upon verification by the training director that the applicant is satisfactorily participating in an approved training course.

(2) **LICENSURE.** Persons requesting emergency medical technician-advanced (paramedic) license shall:

(a) Apply to the department on forms provided by that agency;

(b) Present evidence of satisfactory completion of an approved training course or present evidence satisfactory to the department of sufficient education and training in the field of emergency medical care;

(c) Successfully pass a written examination conducted by the examining council at a time and place fixed by the examining council;

(d) Successfully pass an oral/practical examination conducted by:

1. Two physicians knowledgeable in the paramedic field up to January 1, 1977;

2. One physician knowledgeable in the paramedic field and one emergency medical technician-advanced (paramedic) appointed by the emergency medical services examining council after January 1, 1977.

(3) **REEXAMINATION.** An applicant who fails to achieve a passing grade in the required examinations may request reexamination, and may be reexamined not more than twice at not less than 90 day intervals. An applicant who fails to achieve a passing grade on the second such reexamination shall not be admitted for further examination until he reapplies and presents to the department evidence of such further professional training or education that the department may deem appropriate.

(4) **ACTION BY THE DEPARTMENT.** Within 60 days after receiving a complete application for an emergency medical technician-advanced (paramedic) license under sub. (2), the department shall either approve the application and issue the license or deny the application. If the application for a license is denied, the department shall give the applicant reasons, in writing, for the denial. In this subsection, "complete application" means a completed application form, evidence of training or of education and experience required under sub. (2) (b), and evidence of having passed the examinations required under sub. (2) (c) and (d).

History: Cr. Register, August, 1976, No. 248, eff. 9-1-76; cr. (4), Register, October, 1985, No. 358, eff. 11-1-85.

Register, May, 1990, No. 413

## EMERGENCY MEDICAL SERVICES PROGRAMS

**H 21.04 Emergency medical services programs.** The department, as a condition, to the approval of an emergency medical services plan, shall require:

(1) Adequate liability insurance sufficient to protect all emergency medical technicians-advanced (paramedics) and physicians from civil liability resulting from the good faith performance of duties authorized by s. 146.35 (1), Stats., and proof of continued maintenance of the necessary insurance coverage.

(2) Assurance, satisfactory to the department that ambulances used by emergency medical technicians-advanced (paramedics) will carry at all times, in addition to the "Essential Equipment for Ambulances, American College of Surgeons, May 1970; Revised June 1975," such medical equipment and supplies as may be required to effectively render services as an emergency medical technician-advanced (paramedic). Such medical equipment and supplies shall include as a minimum:

- (a) Sphygmomanometer (adult and infant size)
- (b) Stethoscope
- (c) E.C.G. monitor with tape printout
- (d) Defibrillator
- (e) Intravenous setup
- (f) Intubation equipment as specified by the coordinating physician
- (g) Medications and drugs specified in the standard operating procedures and approved by the coordinating physician

(3) Use of an ambulance report form approved by the department.

(4) As a minimum, 2-way radio voice communication between ambulance, hospital and physician. Ambulances used by emergency medical technicians-advanced (paramedics) shall carry in addition to a mobile radio in the ambulance, at least 1 portable 2-way voice radio.

(5) The name(s) of the medical information center(s).

(6) Assurance that at least 2 licensed emergency medical technicians-advanced (paramedics) be present whenever they function as emergency medical technicians-advanced (paramedics). A physician or a nurse designated by the coordinating physician or a physician's assistant designated by the coordinating physician may replace one of the emergency medical technicians-advanced (paramedics).

(7) The service area have a minimum population of 40,000 with a usual primary response time of 10 minutes or less to this area and a secondary response time of 20 minutes.

(8) Written mutual aid and backup systems agreements with other ambulance services in the area.

## WAIVER OF RULES

**H 21.05 Waiver of rules.** The department, upon recommendation of the examining council, may waive any rule, regulation or standard relating to the training, licensure or utilization of emergency medical technicians-advanced (paramedics) when such rule, regulation or standard will create an undue hardship in meeting the emergency medical services of an area.

History: Cr. Register, August, 1976, No. 248, eff. 9-1-76.

## STANDARDS

**H 21.06 Standards incorporated by reference.** The following standard is adopted by reference as provided in s. 227.025, Stats.; American College of Surgeons, Chicago, IL 60611. Essential Equipment for Ambulances, published in the bulletin, American College of Surgeons, May 1970, Revised June, 1975.

This document is on file at the department of health and Social Services, at the revisor of statutes office, and the secretary of state's office.

History: Cr. Register, August, 1976, No. 248, eff. 9-1-76.